County: Outagami e BREWSTER VILLAGE

3300 WEST BREWSTER STREET

APPLETON 54914 Phone: (920) 832-5400	)	Ownershi p:	County
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	204	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	204	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	203	Average Daily Census:	195
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	29. 6
Supp. Home Care-Personal Care	No					1 - 4 Years	30. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	11. 8	Under 65	26. 6	More Than 4 Years	40. 4
Day Servi ces	No	Mental Illness (Org./Psy)	38. 9	65 - 74	24. 1		
Respite Care	No	Mental Illness (Other)	23. 2	75 - 84	29. 1		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	19. 2	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.0	95 & 0ver	1.0	Full-Time Equivale	nt
Congregate Meals	No	Cancer	1. 5	ĺ	[	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	Yes	Fractures	1. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	4. 9	65 & 0ver	73. 4		
Transportation	No	Cerebrovascul ar	6. 9	'		RNs	14. 7
Referral Service	No	Di abetes	1. 0	Sex	% j	LPNs	2. 1
Other Services	No	Respi ratory	0. 5		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	9. 4	Male	39. 4	Aides, & Orderlies	48. 3
Mentally Ill	Yes			Female	60.6		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	Yes				100.0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay			amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	1	0. 6	128	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	1	0. 5
Skilled Care	4	100.0	311	126	72.4	108	0	0.0	0	23	92.0	170	0	0.0	0	0	0.0	0	153	<b>75. 4</b>
Intermedi ate				23	13. 2	89	0	0.0	0	2	8. 0	170	0	0.0	0	0	0.0	0	25	12. 3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				24	13.8	163	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	24	11. 8
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	4	100.0		174	100.0		0	0.0		25	100.0		0	0.0		0	0.0		203	100. 0

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Admissions, Discharges, and		Percent Distribution	$of\ Residents'$	Condi ti or	s, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period				0/ N	laadi na		Total
D			0/		leedi ng	0/ TD 4 11	Total
Percent Admissions from:		Activities of	- %		tance of	<i>3</i>	Number of
Private Home/No Home Health	16. 8	Daily Living (ADL)	Independent	One Or	Two Staff	1	Resi dents
Private Home/With Home Health	2.8	Bathi ng	12. 3		59. 6	28. 1	203
Other Nursing Homes	17. 8	Dressing	22. 7		46. 8	30. 5	203
Acute Care Hospitals	39. 3	Transferring	51. 2		36. 0	12. 8	203
Psych. HospMR/DD Facilities	7. 5	Toilet Use	35. 5		53. 2	11. 3	203
Reĥabilitation Hospitals	0.0	Eating	68. 0		24. 1	7. 9	203
Other Locations	15. 9	*******************	******	******	******	********	******
Total Number of Admissions	107	Continence		% S	pecial Treati	ments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	3. 0	Receiving R	espiratory Care	3. 9
Private Home/No Home Health	18.8	Occ/Freq. Incontinent	of Bladder	<b>57.</b> 6	Receiving T	racheostomy Care	1. 0
Private Home/With Home Health	2. 1	Occ/Freq. Incontinent	of Bowel	36. 5	Receiving S	ucti oni ng	0. 5
Other Nursing Homes	1.0	Ī			Receiving 0	stomy Care	2. 5
Acute Care Hospitals	0.0	Mobility			Receiving To	ube Feeding	1. 5
Psych. HospMR/DD Facilities	2. 1	Physically Restrained	i	3. 0	Receiving M	echanically Altered Diets	34. 5
Reĥabilitation Hospitals	0.0	<u>'</u>			Ü	•	
Other Locations	10. 4	Skin Care		(	ther Residen	t Characteristics	
Deaths	65. 6	With Pressure Sores		2. 0	Have Advance	e Directives	90. 1
Total Number of Discharges		With Rashes			ledi cati ons		
(Including Deaths)	96					sychoactive Drugs	61. 1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Thi s	Gove	ernment	2	00+	Ski	lled	Al l	
	Facility	Peer Group		Peer	Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95. 6	81. 4	1. 17	84. 7	1. 13	84. 3	1. 13	84. 6	1. 13
Current Residents from In-County	81.8	84. 1	0. 97	82. 2	1.00	82. 7	0. 99	<b>77. 0</b>	1.06
Admissions from In-County, Still Residing	47. 7	32.4	1. 47	22. 3	2. 14	21.6	2. 21	20. 8	2. 29
Admissions/Average Daily Census	54. 9	64.0	0.86	89. 0	0. 62	137. 9	0.40	128. 9	0.43
Discharges/Average Daily Census	49. 2	66. 7	0. 74	93. 1	0. 53	139. 0	0.35	130. 0	0. 38
Discharges To Private Residence/Average Daily Census	10. 3	19. 2	0. 53	37. 0	0. 28	<b>55. 2</b>	0. 19	<b>52.</b> 8	0. 19
Residents Receiving Skilled Care	75. 9	<b>85.</b> 0	0.89	89. 9	0.84	91.8	0.83	85. 3	0.89
Residents Aged 65 and Older	73. 4	84. 3	0.87	87. 3	0.84	92. 5	0. 79	87. 5	0.84
Title 19 (Medicaid) Funded Residents	85. 7	77. 7	1. 10	73. 2	1. 17	64. 3	1. 33	68. 7	1. 25
Private Pay Funded Residents	12. 3	16.8	0.73	19. 8	0. 62	25. 6	0.48	22. 0	0. 56
Developmentally Disabled Residents	11.8	3. 2	3. 64	2.4	5.00	1. 2	10.05	7. 6	1. 56
Mentally Ill Residents	62. 1	<b>56.</b> 2	1. 10	42. 5	1.46	37. 4	1.66	33. 8	1. 84
General Medical Service Residents	9. 4	15. 4	0. 61	25. 0	0. 37	21. 2	0.44	19. 4	0. 48
Impaired ADL (Mean)	40. 3	49. 2	0.82	51. 7	0. 78	49. 6	0. 81	49. 3	0. 82
Psychological Problems	61. 1	65. 9	0. 93	59. 8	1.02	54. 1	1. 13	51. 9	1. 18
Nursing Care Required (Mean)	6. 8	7. 6	0. 90	7. 3	0. 93	6. 5	1. 05	7. 3	0. 93